

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034789

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 328 Primary Registration District No. 3623 Registrar's No. 26

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY STODDARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		Length of stay in 1b 45 min.	c. CITY OR TOWN Bell City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHAFFEE Clinic		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First RANDY Middle LEE Last PARKER			4. DATE OF DEATH Month AUGUST Day 10 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG. 10, 1963	9. AGE (last birthday) —	IF UNDER 1 YEAR Months — Days — Hours — Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) CHAFFEE, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME J.C. PARKER		13b. MOTHER'S MAIDEN NAME BRENDA Joyce MITCHEM	
14. NAME OF HUSBAND OR WIFE Does Not Apply		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT J.C. PARKER - Rt. 1 - Bell City, Mo.		18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchial Obstruction by mucus plug. DUE TO (c) —		INTERVAL BETWEEN ONSET AND DEATH 40 min.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour — a.m. — p.m. —	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Bell City, Missouri
21. I attended the deceased from 8/10/63 to 8/10/63 and last saw him alive on 8/10/63 Death occurred at 5:38 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Kenneth D. Burr Do. (Degree or title)	
22b. ADDRESS Chaffee Mo.		22c. DATE SIGNED 8/10/63	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 11, 1963	23c. NAME OF CEMETERY OR CREMATORY Gravel Hill Cemetery	23d. LOCATION (City, town, or county) (State) (NEAR) Bell City, Missouri
24. FUNERAL DIRECTOR Bisplinghoff Funeral Home - Chaffee, Mo.	25. DATE RECD. BY LOCAL REG. Aug-16-1963	26. REGISTRAR'S SIGNATURE Michael Bisplinghoff	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack T. Burnett

Licensed Embalmer No.

4473

P. O. Address

Chaffee, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.